Please type a plus sign (+) inside this box>   +	Please type a	plus sign (+) inside this box	$\rightarrow$	+
--	---------------	-------------------------------	---------------	---

PTO/SB/01 (10-00)

Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		, the state of the		68110328.715 Polizzi	
		First Named Inventor   FOIIZZI  COMPLETE IF KNOWN			
		Application Number	Initia	al Filing/	
Declaration Submitted With Initial Filing  Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date	04/2	7/2001		
	Group Art Unit	Not	yet assigned		
	(37 ČFR 1.16 (e))	Examiner Name	Not	yet assigned	
	DES ΓAΡ ′CFF	DESIGN F APPLICATION CFR 1.63)  Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e))	ON FOR UTILITY OR DESIGN  First Named Inventor  COMPL  Application Number  Filing Date  Group Art Unit  Filing (surcharge (37 CFR 1.16 (e))  First Named Inventor  COMPL  Application Number  Filing Date  Group Art Unit  Examiner Name	ON FOR UTILITY OR DESIGN  First Named Inventor  COMPLETE II  Application Number Initial Filing Date  OR  Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e))  Examiner Name  Not	

As a below named inventor, I hereby declare that:										
My residence, mailing address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  Method and Apparatus for Processing Jobs on an Enterprise-Wide Computer										
System										
(Title of the Invention)										
the specification of which  is attached hereto OR Is as United States Application Number or PCT International Was filed on (MM/DD/YYYY)  Application Number Interpolation Number										
certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.  Prior Foreign Application Number(s)  Country  Foreign Filing Date Priority Certified Copy Attached? Not Claimed YES NO										
			0000							
Additional foreign application	numbers are listed on a	supplemental priority da	ata sheet PTO/SB	/02B attached hereto:						
I hereby claim the benefit under	35 U.S.C. 119(e) of ar	ny United States provision	nal application(s)	listed below.						
Application Number(s)	Filing Dat	te (MM/DD/YYYY)	Addition	al provisional application						
60/200,090	04/27/200	04/27/2000		Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.						

[Page 1 of 2]
Burden Hour Statement. This form is estimated to take 21 minutes to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box 

+ Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

Direct all corre	ocnondence to:	ustomer Nur Bar Code L				OR X	Correspondence address below
Name	Brian C. McCorm	ack					
Address	BAKER & McKEN	NZIE					
Address	2001 Ross Avenu	ue, Suite	2200				
City	Dallas				State	TX	75201
Country	USA		Telephone	<sub>e</sub> 214/9	78-300	00	214/978-3099 Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
	SOLE OR FIRST INV				A petiti	on has been fi	led for this unsigned inventor
Given Name (first and middle [if any]) Kathleen Riddell Family Name or Surname Polizzi							
Inventor's Signature							Date
Residence: C	ity Los Gatos			State C	A	Country US	Citizenship USA
	ess 248 Bacigalupi	Drive					
Mailing Addre			10,100				
City Los G		State C	<u> </u>		ZIP (	95032	country USA
	SECOND INVENTOR	:			A petit	ion has been f	iled for this unsigned inventor
Given Name (first and middle [if any]) Gail Helen  Family Name or Surname Godbeer							
	p. unjjj			***			
Inventor's Signature		417		T		1	Date
Residence: (	city Vancouver			State	ВС	Country CA	Citizenship Canadian
Mailing Addr	ess 3249 W. 36th	Avenue					
Mailing Addr	ess	7-					
City Vanco	ouver	State BC	2		zip V	'6N 2R6	country Canada
	I inventors are being name			ental Additi	onal Inve	ntor(s) sheet(s) P	TO/SB/02A attached hereto.

Please type a plus sign (+) inside this box		+
---	--	---

PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it contains a valid OMB control number.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

## **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 5

Name of Additional Joint Inventor, if any		A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Na	ame or Su	ırname		
Gadi		Υe	edwab		444		
Inventor's Signature					Date		
Residence: City Seal Beach	State CA	1	Country US	c	Citizenship USA		
Mailing Address 4256 Fir Avenue							
Mailing Address				-			
City Seal Beach	State CA	1	<sub>ZIP</sub> 90740	Country	y USA		
Name of Additional Joint Inventor, if an	y:		A petition has been fil	led for this	s unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname				
Anthony John			Murphy		<b>P</b>		
Inventor's Signature					Date		
Residence: City San Francisco	State CA	4	Country US		Citizenship USA		
570 Union Street, #30							
Mailing Address							
San Francisco	State C	A	<sub>ZIP</sub> 94133	Cour	us <sub>ntry</sub>		
Name of Additional Joint Inventor, if ar	ıy:		A petition has been file	ed for this	unsigned inventor		
Given Name (first and middle [if any])	)		Family Name or Surname				
Robert Mark			lick				
Inventor's Signature					Date		
Residence: City Beavercreet	State Ol	<u> </u>	Country		USA Citizenship		
Mailing Address			- LANCE - LANC				
Mailing Address				<del></del>			
city Beavercreet	State O	H	ZIP 45430	Co	ountry		

Burden Hour Statement: This form is estimated to take 21 minutes to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box		+
---	--	---

Please type a plus sign (+) inside this box

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION**

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 4 of 5

Name of Additional Joint Inventor, if an	<b>/</b> :			A petition has been	filed for the	is unsigned inventor		
Given Name (first and middle [if any])				Family N	lame or Su	ırname		
Jeffrey Alan	<b>u</b>		Ew	ry				
Inventor's Signature						Date		
Residence: City Cedarville	State	OH		Country US		Citizenship USA		
2962 Murdock Road Mailing Address								
Mailing Address								
City Cedarville	Stat	<sub>e</sub> OH		<sub>ZIP</sub> 45314	Country	y USA		
Name of Additional Joint Inventor, if an	y:			A petition has been f	iled for this	s unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname					
William			Hippenmeyer					
Inventor's Signature						Date		
Residence: City	Sta	te		Country		Citizenship		
Mailing Address								
Mailing Address								
		.4.		ZIP	Cou	ntn/		
City	Sta	ate						
Name of Additional Joint Inventor, if ar	ıy:		<u> </u>	A petition has been fi	led for this	s unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname					
Peter Alan			Burton					
Inventor's Signature						Date		
Residence: City	Stat	:e		Country		Citizenship		
Mailing Address								
Mailing Address								
City	Stat	e		ZIP	C	ountry		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box	Please type a plus sign (+) inside this box	▶ 1	-
---	---	-----	---

PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it contains a valid OMB control number.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

## **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 5 of 5

Name of Additional Joint Inventor, if any:			☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name	or Sur	name				
Jack	N	Nori	ris						
Inventor's Signature				Date					
Residence: City	State Country			Citizenship					
Mailing Address									
Mailing Address		<del></del> 1							
City	State		ZIP Co	untry					
Name of Additional Joint Inventor, if an	☐ A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])			Family Name or Surname						
Inventor's Signature					Date				
Residence: City	State	c	Country		Citizenship				
Mailing Address									
Mailing Address									
	State		ZIP	Coun	trv				
City   State   ZIP   Country  Name of Additional Joint Inventor, if any:									
Given Name (first and middle [if any])			Family Name or Surname						
Inventor's Signature		,			Date				
Residence: City	State		Country		Citizenship				
Mailing Address									
Mailing Address									
Ciby	State		7IP	Co	untry				

Burden Hour Statement This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.